

INS. CASE OWNER:

TE

cc 4, Asm 1800 4621, (C)ma3

LKK:

IDAC:

34409

Surveyor:

Calvin

DOI:

ASSIGNMENT

12/31/8

Date / Time :

12/31/8

Registered in Merimen:

Pre-assign / CCU / FTE

GW 2428H



Insured Vehicle No. :

Claim No. : SAM 00 AGU

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

9/3/2018

Place of Accident :

Is driver the owner? ( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SMA 4644



INSRS:

WSP:

Tel :

Liability :

RMKS:

COVE byone



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SMA 4644. cc 3/AXA 1 30 18040/Yem 303 ; DOA: 25/9/13	Non-Reporting ltr (1st):	
GW 2428H. X	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/>
		Others: <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$	( days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost: S\$		
Loss of Rental (LOR): S\$	( days)	
Loss of Use (LOU): S\$	(\$ x days)	
Loss of Income (LOI): S\$	(\$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$	
Medical:	S\$	
Disbursement:	S\$ (e.g. Tow/ Independent )	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$	2) Report Format:
<b>Total:</b>	S\$	3) Survey fee:
<b>GLOBAL SUM SS:</b>		
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

DR: Surinder Kalra

REF: ASM (AXA)

**ASSIGNMENT**

From: \_\_\_\_\_ Date: 12-03-2018

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHA 4644

at Workshop m/s Comfort Delgro

of 59 Loyang Drive

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHA 4644 Yr Regn: 29 Sep 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Hyundai Ixo C.C. 1685

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 208676 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLB414M64093228

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Haruk

Front 7 mm Rear 7 mm

R/Bal. \_\_\_\_\_ mm R/Bal. \_\_\_\_\_ mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 9/3/18 D.O.I. 12/3/18

Survey held at CDG (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or M/S Body

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	AXA
	PIA

Date/Time, File Pass to?  : Preli. Report  : Final Report

1) \_\_\_\_\_

Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Report Format : \_\_\_\_\_

Lump Sum / I.B.I: (\$ \_\_\_\_\_)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_) ) S + RS. SI

: Interview (\$ \_\_\_\_\_) ) Photos

: Tech. Invs (\$ \_\_\_\_\_) ) Others

: Weekend (\$ \_\_\_\_\_)

TOTAL \_\_\_\_\_

**Workshops**

A member of COMFORTDELGRO

Date/Time: **10.03.2018 09:09** Page : **1**

Team: **ARC Repair TP(CFSO)1**

**JOB CARD** Sales Order: **3809661**

JC NO.: **305123596**

CUSTOMER <b>CITYCAB PTE LTD</b> MS 7010070 CUSTOMER NO. <b>383 SIN MING DRIVE</b> ADDRESS <b>Singapore SINGAPORE 575717</b> <b>65551188</b> (R) (O) (P) COUNT CARD NO.	REGN NO. <b>SHA 464U</b>	MILEAGE
	MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
	MODEL <b>I-40</b>	DATE/TIME IN <b>09.03.2018 15:35</b>
	YR OF MANU. <b>29.09.2016</b>	TARGET DATE
	CHASSIS CODE <b>KMHLB41UMGU093838</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: **09.03.2018**  
NATURE: **3P 09.03.18/B-**

3/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: \_\_\_\_\_

_____ SERVICE ADVISOR	_____ CUSTOMER'S SIGNATURE
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Acknowledgement Slip

Vehicle No.: **SHA 464U**      **FZ AXA**

Signature/Date \_\_\_\_\_

returned to Service Reception upon collection

Exit Pass

Vehicle No.: **SHA 464U**

Name of Service Advisor \_\_\_\_\_ Date \_\_\_\_\_

To be kept by Security Guard